

Final Report END

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512)463-5800

1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

MI

CARL

M

NICKNAME

LAST

SUFFIX

STARR

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

CITY CLERK DEPARTMENT
2003 JUL 14 PM 9 22

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

500 W. University #597
EL PASO, TX 79968

☒ Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

SAME

NICKNAME

LAST

SUFFIX

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

SAME

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

() N.A.

8 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☒ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

01 / 01 / 03

THROUGH

Month

Day

Year

7 / 15 / 03

10 ELECTION

ELECTION DATE

Month

Day

Year

05 / 03 / 03

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

MAYOR

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☒ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 6

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Carl Star

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carl Star, this the 14th day of July, 2003, to certify which, witness my hand and seal of office.

Cynthia Weide

Signature of officer administering oath

Cynthia Weide

Printed name of officer administering oath

Secretary

Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

CARL STARR

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

0

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

0

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

0

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

0

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

0

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:**2** FILER NAME

CARL STARR

3 ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#:**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code

0

10 Principal occupation (optional)**11** Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

0

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

0

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

0

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

0

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:**2** FILER NAME

CARL STARR

3 ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)

6

6 Is lender a
financial institution?

Y N

8 Lender address; City; State; Zip Code

0

10 Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR
INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address; City; State; Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

6

Is lender a
financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

CARL STARR

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount
(\$)**6** Payee address; City; State; Zip Code

0

8 Purpose of payment (See instructions regarding type of information required.)**9** .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

0

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

0

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

0

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:**2** FILER NAME

CARL STARR

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**6** Payee address; City; State; Zip Code**7** Purpose of expenditure (See instructions regarding type of information required.)**8** Amount
(\$)☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐ Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:**2** FILER NAME

CARL STARR

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Business name**7** Amount
(\$)**6** Business address; City; State; Zip Code

0

8 Purpose of payment (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

0

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

0

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

0

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

CARL STARR

3 ACCOUNT # (Ethics Commission filers)

| | | |
|--------|-------------------------------------------------------------------------------------|---------------|
| 4 Date | 5 Payee name | 8 Amount (\$) |
| | 6 Payee address; City; State; Zip Code | |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) | |
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | |
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | |
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | |
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | |
| Date | Payee name | Amount (\$) |
| | Payee address; City; State; Zip Code | |
| | Purpose of expenditure (See instructions regarding type of information required.) | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED






CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:**2** FILER NAME

CARL STARR

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit | 8 Amount (\$) |
|---------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| | |  |
| | |  |
| | |  |
| | |  |
| | |  |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR****The Instruction Guide explains how to complete this form.****-- Complete only if "Report Type" on page 1 is marked "Final Report" --****1 C/OH NAME****2 ACCOUNT #** (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****-- Complete A & B below only if you are a candidate --****A. CAMPAIGN FUNDS****Check only one:**

I do not have unexpended contributions or unexpended interest or income earned from political contributions.



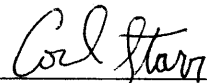
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS**Check only one:**

I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER**-- Complete this section only if you are an officeholder --**

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder